

FILED

AUG 19 2022

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF OKLAHOMA

BONNIE HACKLER
Clerk, U.S. District Court

By _____
PRO SE PRISONER CIVIL RIGHTS COMPLAINT

Deputy Clerk

MARIO WILLIAMS

Plaintiff's full name (Please print)

CN 22 - 234 - RAW

Case No. _____

(To be filled out by Clerk's
Office only)

v.

EDRE CIVIC CORPORATION, Assistant Warden -

Defendant(s)' full name (Please print)

Michael MORRIS, "John Doe"

"JURY DEMAND"

For additional names please write "see attached" in the space
above and attach an additional sheet of paper with the full list
of names. The names listed in the above caption must be
identical to those contained in Section IV, pursuant to Fed.
R. Civ. P. 10(a).

NOTICE

Federal Rule of Civil Procedure 5.2 and Local Civil Rule 5.3 address the privacy and security concerns resulting from public access to electronic court files. Under these rules, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Each claim you raise must be properly exhausted. If the evidence shows that you did not fully comply with an available prison grievance process prior to filing this lawsuit, the court may dismiss the unexhausted claim(s) or grant judgment against you. See 42 U.S.C. 1997e(a).

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

I. JURISDICTION

Indicate below the federal legal basis for your claim, if known.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants), *RULE 28(b)(2), Fed. R. Civ. P. ~ "JURY DEMAND."*
- ☐ Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

II. PLAINTIFF INFORMATION

MARIO WILLIAMS
Full name

Aliases

225143
Prisoner ID #

DAVIS CORRECTIONAL FACILITY ~ DCF
Place of Detention/Incarnation

16888 EAST 133rd Road
Institutional Address

HOLDENVILLE
City

OK
State

74848
Zip Code

III. PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

IV. DEFENDANT(S)' INFORMATION

List the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained on the first page. Attach additional sheets of paper as necessary. Do not write on the backs of any additional sheets. See Local Civil Rule 5.2(a).

Defendant 1: CORE CIVIL
 Full Name
CORPORATION
 Current Job Title
6888 E. 133RD Rd.
 Current Work Address
HOLDENVILLE OK 74848
 City State Zip Code

Defendant 2: MICHAEL MORRIS
 Full Name
ASSISTANT WARDEN OF PROGRAMS
 Current Job Title
6888 E. 133RD Rd.
 Current Work Address
HOLDENVILLE OK 74848
 City State Zip Code

Defendant 3: "John Doe" ~ UNKNOWN OFFICER
Full Name

SOFT TEAM OFFICER
Current Job Title

6888 E. 133RD Rd.
Current Work Address

NORDENVILLE OK 74848
City State Zip Code

Defendant 4: N/A
Full Name

Current Job Title

Current Work Address

City State Zip Code

Defendant 5: N/A
Full Name

Current Job Title

Current Work Address

City State Zip Code

V. STATEMENT OF CLAIMS

A. Claim 1

Date(s) of occurrence: SEE: COUNTY I
Place(s) of occurrence: ↓

State which of your federal constitutional or federal statutory rights have been violated:

↓

Briefly state the FACTS that support your case. Provide a short and plain statement of how each named defendant was personally involved in the violation of your constitutional rights and why you are entitled to relief from each named defendant. See Fed. R. Civ. P. 8(a). Do not cite case law.

FACTS: SEE: COUNTY I,
DECLARATION IN SUPPORT 9-14.

B. Claim 2

Date(s) of occurrence: SEE: COUNTY II
Place(s) of occurrence: ↓

State which of your federal constitutional or federal statutory rights have been violated:

↓

FACTS: SEE: COUNTY II,
DECLARATION IN SUPPORT 15-19

C. Claim 3

Date(s) of occurrence: SEE: COUNT III

Place(s) of occurrence: ↓

State which of your federal constitutional or federal statutory rights have been violated:

↓

FACTS:

SEE: COUNT III
DECLARATION IN SUPPORT 2-8

D. Claim 4

Date(s) of occurrence: N/A

Place(s) of occurrence: ↓

State which of your federal constitutional or federal statutory rights have been violated:

N/A

FACTS:

N/A

COUNT I
1ST AMENDMENT VIOLATION TO RELIGIOUS FREEDOMS

On 4/2/22, I and other Muslims here at DCF began fasting for the Holy Month of Ramadan. The fast last 30 days and all staff was made aware of this in a memo dated 4/1/22. However, on 5/2/22 staff provided the Muslims their before sunrise meal at approximately 4 a.m. However, when it came time to break fasting at sunset, DCF refused to serve over to Muslim inmates a meal. The Muslims did not eat or drink anything all day during the daylight hours, nor did DCF staff provide the Muslims anything. All the Muslims alerted DCF staff that they needed their meals and that it was the last day of fasting. The Muslims were told, including me, that w/ Morikawa instructed staff not to feed the Muslims - Ramadan is over. I was denied to practice my faith in accordance to the tenet of Islam.

COUNT II
EXCESSIVE FORCE

On or about 3/30/22, the DCF sort team entered my pod (Bravo South), shooting a pepper ball gun wildly at inmates. I came to my cell door after hearing some commotion, opening it slightly to see what was happening, a sort officer (Latino or Mexican) turned his gun on me and fired about 5 shots. If not for the window and door, I would have been hit square in the face. The balls exploded, scars hitting me in my face, neck and arms, which began to burn, it became hard to breathe and I began choking. I was left in my cell without any medical treatment, decontamination, or allowed to clean my cell door. I violated no prison rules that day, nor was I a threat to any one. The fact that Core Living would

SEND A SORT TEAM TO OKLAHOMA, TO ITS FACILITY, FROM ANOTHER STATE TO ASSAULT INMATES THAT BROKE NO RULES, PROVES THAT THERE IS A "PRACTICE" WITH THIS CORPORATION (CORE CIVIC) THAT SUPPORTS THIS KIND OF BEHAVIOR.

COUNT III

RELIGIOUS FREEDOM / RLUIPA / EQUAL TREATMENT

UPON ARRIVAL AT DCF IN NOV. OF 2021, I WAS INFORMED THAT THE HALAL MEALS WAS BEING PREPARED AND SERVED IN VIOLATION OF ISLAMIC AND DDOC POLICY STANDARDS. I SET A MEETING WITH THE KITCHEN SUPERVISOR WHERE WE WALK THROUGH THE HALAL PREPARATION AREA AND DISCUSSED THE PERSONAL WHO WAS ALLOWED TO PREPARE AND SERVE THE MEALS. ON 4/13/22 I SUBMITTED A RTS (#22-1844) TO RECTIFY THE ISSUE. I AGAIN SPOKE TO THE SUPERVISOR (FRANK) AND WAS TOLD THE ISSUE WOULD BE RECTIFIED. HOWEVER, AFTER NO VISIBLE CHANGES WERE MADE, I AGAIN WENT TO SPEAK TO THE SUPERVISOR AND SUBMITTED ANOTHER RTS (#22-2508) ON THE ISSUE. I THEN FILED A GRIEVANCE (#22-1001-00164-6) ON THE ISSUE WHERE I WAS GRANTED RELIEF. HOWEVER, I WENT TO SPEAK WITH ALW MORRIS who granted the relief, AND WHO DID THE INVESTIGATION, AND REQUESTED HE AND I VISIT THE KITCHEN TO SEE THAT THERE HAS BEEN NO CHANGES TO MY ALLEGED ISSUES AND THAT THE HALAL PREPARATION AREA IS NOT IN-COMPLIANCE TO DDOC OP-070202 POLICY ~ HE REFUSED. I THEN TRIED TO REACH-OUT TO THE DDOC CONTRACT MONITOR ON THE ISSUE BY FILING A RTS, BUT THE RTS WAS RE-ROUTED TO THE WARDEN, WHERE IT WAS SAID THE ISSUE IS OVER. BECAUSE OF SAID REASONS, I'M BEING DENIED TO HAVE THE HALAL MEALS PREPARED (AND SERVED) IN-ACCORDANCE WITH MY RELIGIOUS BELIEFS AND DDOC OP-070202, ATTACHMENT A., Pg. 1-4. WHILE ON THE OTHER HAND, THE KOSHER (JEWISH) PREPARATION AREA IS IN-COMPLIANCE WITH SAID POLICY BY BEING PROVIDED A SECURE ROOM WITH UTENSILS, REFRIGERATOR, CONTAINERS,

POTS, PANS, PREP AREA, AND CLEANING SUPPLIES. THE HALAL PREPARATION AREA IS OUT IN THE OPEN WITH THE GENERAL POPULATION (G/P) LINE, UTENSILS ARE USED WITH G/P, THEY ARE RINSED, NOT SANITIZED, THE MEATS ARE PREPARED BY HOMOSEXUALS (TOTAL VIOLATION IN ISLAM), NOT MUSLIMS OR THOSE WHO KNOW THE MUSLIM STANDARDS, G/P WORKERS WALK THROUGH OR HAVE UNRESTRICTED ACCESS TO THE HALAL PREPARATION AREA, AND REFUSE TO MAKE THE NECESSARY CHANGES IN-COMPLIANCE TO SAID OODR POLICY.

DECLARATION IN SUPPORT OF CIVIL SUIT

MARIO WILLIAMS STATES:

1. I AM THE PLAINTIFF IN THE ABOVE ENTITLED CASE. I MAKE THIS DECLARATION IN SUPPORT OF THIS CIVIL SUIT.

HALAL

2. ON 4/13/22, I WAS TOLD BY THE KITCHEN SUPERVISOR (FRANK) THAT HE DID NOT HAVE TO COMPLY WITH OODR DP-D70202 ATTCH. A. Pg. 1-4, WHEN IT CAME TO HALAL PREPARATION, AND SERVING - CORE CIVIC HAD ITS OWN POLICY HE WILL FOLLOW.

3. THERE IS A KNOWN HOMOSEXUAL SUTTING IN THE HALAL PREPARATION AND SERVING AREA.

4. THE HALAL AREA IS SHARED WITH THE G/P VEGI LINE, AND ITS OUT IN THE OPEN WHERE IT IS CONSTANTLY ENTERED BY G/P INMATES.

5. THE KOSHER AREA IS BEHIND A LOCK DOOR THAT CAN ONLY BE OPEN BY STAFF FROM THE OUTSIDE.

6. KOSHER HAS ITS OWN UTENSILS, POTS, PANS, CONTAINERS, CLEANING SUPPLIES, AND REFRIGERATOR, ALL BEHIND THE SECURE AREA.

7. Only inmates who are Jewish or who are trained in the kosher diet standard are allowed by DCF Kitchen to serve their meals.

8. DCF Kitchen is not in compliance with Islamic Halal standards or OODL DP-D70202, Attch. A. Pg. 1-4.

RAMADAN

9. On 4/2/22, Ramadan began for myself and the Muslim inmates here at DCF, and it ended on 5/2/22.

10. Ramadan lasted 30 days and nights.

11. A memo was put out to all staff members on 4/1/22 alerting them that the fast of Ramadan will end on 5/3/22.

12. On 5/2/22, DCF Kitchen refuse to complete Ramadan by providing myself and the Muslims a meal at the completion of Ramadan by serving us a meal at sunset.

13. DCF Kitchen provided the Muslims no meals on 5/2/22 besides the before-dawn meal at approximately 4 a.m.

14. DCF staff told me and other Muslim inmates that A/W Murawitz said Ramadan is over and don't feed the Muslims anything on 5/2/22.

EXCESSIVE FORCE

15. On or about 3/30/22, a riot team officer shot a pepper ball gun at me, where the scraps from the exploding balls hit me in the face, neck, and arms.

16. The SORT OFFICER WAS LATINO OR MEXICAN IN NATURE, STOOD ABOUT 5 FT 3 TO 5 FT 5, LATE 20'S TO EARLY 30'S, THAT WAS RESPONSIBLE FOR SHOOTING ME.

17. I VIOLATED NO PRISON RULES OR WAS A THREAT TO ANY PERSON ON ALLEGE DATE.

18. ON ALLEGE DATE, I WAS NOT PROVIDED MEDICAL ATTENTION, ALLOWED DECONTAMINATION OR ALLOWED TO CLEAN THE CONTAMINATED AREA.

19. MY SKIN AND EYES BURNED FOR HOURS, I WAS AT LOSS OF BREATH, STRESSED AND HAD HEADACHES.

EXHAUSTION OF ADMINISTRATIVE REMEDIES.

20. ON THE HALL CLAIM, I FILED A RTS #22-2508 ON 5/16/22, SUBMITTED GRIEVANCE #22-1001-00164-G ON 6/1/22, I WAS GRANTED RELIEF ON 6/28/22 - COMPLETING EXHAUSTION.

21. ON THE RUMACKAL CLAIM, I FILED A RTS #22-2280 ON 5/5/22, SUBMITTED GRIEVANCE #22-1001-00186-G ON 6/23/22, I WAS GRANTED RELIEF ON 6/28/22 - COMPLETING EXHAUSTION.

22. ON THE EXCESSIVE FORCE CLAIM, I FILED A RTS #22-1589 ON 3/30/22, SUBMITTED GRIEVANCE #22-1001-00157-G ON 5/27/22, I WAS GRANTED RELIEF ON 6/17/22 - COMPLETING EXHAUSTION.

PURSUANT TO 28 U.S.C. § 1746, I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

8/15/22

YARVO WILLIAMS, PCF, HOLLOMANVILLE, OK

VI. RELIEF REQUESTED

Briefly state what you want the Court to do for you. Do not make legal arguments or cite cases or statutes.

SEE: "CLAIMS FOR RELIEF AND RELIEF REQUESTED" ATTACHMENT. PAGES 1-2.

VII. PRISONER'S LITIGATION HISTORY

The "Three Strikes Rule" bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if the prisoner has "on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

Have you brought any other lawsuits in federal court while a prisoner?

☒ Yes ☐ No

If yes, how many? Approx. 8

Number each different lawsuit below and include the following:

- Name of case (including defendants' names), court, and docket number
- Nature of claim made
- How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)
- Did the court assess a "Strike" or find the dismissal a "Prior Occasion" pursuant to 28 U.S.C. 1915 (g).

SEE: "PREVIOUS FEDERAL CIVIL ACTION OR APPEALS" ATTACHMENT.

CLAIMS FOR RELIEF

1. THE ACTIONS OF DEFENDANT A/W MORARIY IN DENYING THE PLAINTIFF THE RIGHT TO COMPLETE RAMADAN WITH-IN THE LAWS OF HIS SINCERE HEED FAITH, AND A HALAL PREPARATION, AND SERVING AREA, AND TO BE EQUALLY TREATED IN THIS MANNER WITH THE KOSHER AREA IN COMPLIANCE WITH DODD DP-070202, ATTCH. A. Pg. 1-4, VIOLATED THE FIRST, FOURTEENTH, AMENDMENT TO THE U.S. CONSTITUTION, AND R.L. 21.1. P. A.
2. THE ACTIONS OF DEFENDANTS LORE LIVIC AND "JOHN DOE" IN ASSAULTING THE PLAINTIFF WITH A PEPPER BALL GUN FOR NO RATIONICAL JUSTIFICATION, SHOWS THERE IS A "PRACTICE" OF BEHAVIOR SUPPORTED BY LORE LIVIC, WHICH IS UNDERSTOOD AND CARRIED OUT BY ITS EMPLOYEE(S) (JOHN DOE), WHICH VIOLATES THE EIGHTH AMENDMENT OF THE U.S. CONSTITUTION.

RELIEF REQUESTED

WHEREFORE, PLAINTIFF REQUESTS THAT THE COURT GRANT THE FOLLOWING RELIEF:

- A. ISSUE A DECLARATORY JUDGMENT STATING THAT:
THE DENIAL OF THE PLAINTIFF RELIGIOUS FREEDOMS AND THE EXCESSIVE USE OF FORCE VIOLATED THE PLAINTIFF'S RIGHTS UNDER THE 1ST, 8TH, AND 14TH AMENDMENT TO THE U.S. CONSTITUTION, AND R.L. 21.1 P.A.
- B. AWARD COMPENSATORY DAMAGES IN THE FOLLOWING AMOUNTS:
 1. \$100,000 SEVERALLY AGAINST DEFENDANTS LORE LIVIC, A/W MORARIY AND "JOHN DOE" FOR THE PHYSICAL AND EMOTIONAL INJURIES SUSTAINED AS A RESULT OF THE USE OF FORCE, AND FOR THE PHYSICAL AND EMOTIONAL INJURIES RESULTING FROM DENIAL OF RELIGIOUS FREEDOMS.

C. AWARD PUNITIVE DAMAGES IN THE FOLLOWING AMOUNTS:

1. \$75,000 AGAINST DEFENDANTS LORE LIVIC, JOHN DOE, AND A/W MURKINITY.

D. GRANT SUCH OTHER RELIEF AS IT MAY APPEAR THAT PLAINTIFF IS ENTITLED.

8/15/22

, RESPECTFULLY SUBMITTED

Maria Williams, JCF, HARRISVILLE, OK.

PREVIOUS FEDERAL CIVIL ACTIONS OR APPEALS

OK-7027	DATE FILED: 3/14/08, DISMISSED	DATE DISPOSED: 11/12/08	10 th CIRCUIT
OK-7037	4/29/08 " "	12/12/08	↓
10-7068	9/1/10 " "	1/12/11	
13-7002	1/31/13 Jurisdictional Defect	3/29/13	
16-6346	DISMISSED w/strike	6/6/17	

CIV-13-2016-RAW	U.S. EASTERN DIST OF OK.	SETTLED 2018
CIV-13-15-RAW	" "	" "
CIV-11-195-JHP	" "	" "
CIV-14-157-RAW	" "	" "

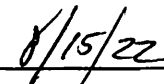
CIV-19-0820-HE	U.S. WESTERN DIST OF OK.	STILL PENDING
CIV-21-0550-G	" "	" "

VIII. PLAINTIFF'S DECLARATIONS:


I declare under penalty of perjury that the foregoing is true and correct. To the best of my knowledge, information, and belief, this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11 of the Federal Rules of Civil Procedure.

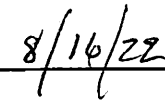
I agree to provide the Court Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Court Clerk's Office may result in the dismissal of my case.


Plaintiff's Signature


Date

I further declare under penalty of perjury that I placed this complaint in the prison's legal mail system, with the correct postage attached, on the 16 day of August, 2022.


Plaintiff's Signature


Date

PROF OF ADMINISTRATIVE EXHAUSTION

Exhibits

- 1-4 ~ EXCESSIVE FORCE, RTS #22-1589, GRIEVANCE #22-1001-00157-G
- 5-7 ~ RAMADAN, RTS #22-2280, GRIEVANCE #22-1001-00186-G
- 8-10 ~ HANUKA, RTS #22-2508, GRIEVANCE #22-1001-00164-G

COPY**RECEIVED**Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

APR 04 2022

REQUEST TO STAFFTO: 1 find: COS Brown
Warden FACILITY/UNIT: DOC 185 BY: 3/31/22
(NAME AND TITLE OF STAFF MEMBER)

I have have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: facility: grievance #:
 I affirm that I do do not ☒ have a grievance pending on this issue.
 I affirm that I do do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court:
 This request does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

EXPRESSIVE FORCE: Today at approx. 12:30 p.m., B.S. 4/Diaz, open my cell door for my son and my cell to get ice. I did not have the cell to get ice. About 5 min later I heard a commotion, I went to the door, open it a bit and seen 2/m's running, and 2 officers, wildly, shooting in pepper gun. He then turn the gun toward me and shot at least 5 shots,
 (USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Investigate this matter to exhaust administrative remedies.

Copy of this RTS? (Circle) Yes NoNAME: Williams, David DOC NUMBER: #225143 UNIT & CELL NUMBER: B5 282
(PRINT)SIGNATURE: M. Williams WORK ASSIGNMENT: Vo-tech

DO NOT WRITE BELOW THIS LINE

APR 11 2022

DISPOSITION:

There were no incidents on March 3, 2022 at 1230 hours on Bravo South.

K. Brown

STAFF MEMBER

DATE

RECEIVED
Date response sent to inmate/offender:
1. Original to file
2. to inmate/offender
JUN 01 2022

MAY 24 2022

RECEIVED
DOC 090124D (R 4/19)
MAY 03 2022**GRIEVANCE****EXHIBIT 1.****GRIEVANCE**

if not for the glass and door, I would have been hit in the face. The pepper balls exploded, strap hit me, my face, neck and arms begin to burn, it became hard to breath and I begin to choke. A senior port officer ask me to close my door, I complied. Staff was choking, so they "all" left the pod. The pod officer (Diaz) returned 2 hrs later, there was no exhaust fan provided, no outside doors open, because I'm asthmatic and was continuing choking, I ask to be taken to fresh air to no avail. I ask for medical attention, decontamination and clean my door, all to no avail. I have know been choking and burning for 6 hrs w/out relief.

RECEIVED
JUN 01 2022
GRIEVANCE

RECEIVED
MAY 03 2022
GRIEVANCE

EXHIBIT 2

2022-1001-00157-6

INMATE/OFFENDER GRIEVANCE

Grievance no. _____

Grievance code: 4Response due: 6/20/22

RECEIVED
JUN 01 2022
GRIEVANCE

RECEIVED
JUN 01 2022
GRIEVANCE

DO NOT WRITE ABOVE THIS LINE

Date 5/27/22Facility or Unit DCFName WILLIAMS, NARAO
(Print)Facility Housing Unit BS 232ODOC Number #225143Date "Request to Staff" response received: 5/25/22

Have you previously submitted a grievance on this same issue? Yes If yes, what date 5/2/22, facility DCF, grievance # 22-1001-00123-6 You must submit this completed original within 15 days of the receipt of the response to the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D). The "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), must have been submitted within (7) days of the incident. Do not include/attach anything to this grievance except the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. EXCESSIVE FORCE: The Chief's (K. Brown) answer is mistaken. I didn't

allege there was an incident on 3/3/22 at 1230 on BS, the RTS #22-1589 alleged an incident on 3/30/22 at approx 12:30 p.m.

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

Submitted attach RTS #22-1589 on 3/30/22 and non-response grievance #22-1001-001236 on 5/2/22.

3. The action you believe the reviewing authority may lawfully take.

Investigate this matter on the correct date specified in said RTS.

Grievance report sent to (warden/facility head/administrator/correctional health services administrator):

Norwood
Name
M. Williams
Signature of Grievant

Warden
Title
5/27/22
Date Sent to Reviewing Authority

1. Original to file
2. Copy to inmate/offender

EXHIBIT 3

DOC 090124A
(R 01/22)

Grievance Decision from Reviewing Authority

Inmate/Offender Name:	<u>Williams, Mario</u>	ODOC Number	<u>225143</u>
Receipt Date:	<u>06/01/2022</u>	Grievance Category Code:	<u>4</u>
		Grievance Number:	<u>2022-1001-00157-G</u>

1. Discrimination	3. Complaint against staff	5. Reserved	7. Medical	9. Records/Sentence Admin.
2. Classification	4. Condition of confinement	6. Legal	8. Property/Trust Fund	10. Religion
			11. Personal Identity	

Decision:

Inmate Williams requested an investigation into an incident that happened on Bravo South on 3/30/22.

After an investigation of the matter, Kevin Brown, Chief of Security, confirmed that an investigation was conducted for the date of 03/30/22 between 10:30 hours to 13:30 hours. He confirmed that there were no incidents on Bravo South during that time. In addition the officer that I/M Williams referenced was not assigned to Bravo South on the day as well. There was a clerical error on the RTS for Chief Brown's answer. The date showed 3/3/22, but it was actually 3/30/22.

I/M Williams's Relief is Granted in that an investigation was conducted.

 Reviewing Authority – Facility Health Services Admin (medical issues)

 Date

X 6/17/22
 Date

X LL Nowood
 Review Authority – Facility/Unit Head

I have received the copy of the response of the reviewing authority.

 Signature of Grievant

 Date

 Signature of Staff Witness and Printed Name of Witness

 Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA.

1. Original to file
2. Copy to inmate/offender

EXHIBIT 4

DOC 090124B (R 01/22)

JC

COPY

RECEIVED

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

REQUEST TO STAFF

BY: _____

TO: Ind. Atty Moriarity
Norwood - Warden FACILITY/UNIT: DLF DATE: 5/5/22
(NAME AND TITLE OF STAFF MEMBER)

I have ☒ have not _____ already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: 5/3/22 facility: DLF grievance #: 22-1661-60124-6
 I affirm that I do ☒ do not _____ have a grievance pending on this issue.
 I affirm that I do _____ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court: _____
 This request _____ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

DISCRIMINATION: On 5/1/22 every Muslim (Muslim) was denied our evening meal for breaking our fast for the Month of Ramadan. This was our last day of fasting, however staff refused to feed us because they felt Ramadan was over. Every Muslim protested that they were mistaken. All staff ignored our pleas. Not providing meals to over 50 humans can't be justified, it's inhumane and inexcusable!!
 (USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Investigate any and all staff involved in this incident that was responsible for denying said meals for discrimination, prejudice, retaliation and possible racism.

Copy of this RTS? (Circle) ☒ YES ☐ NONAME: Williams, Elan ODOC #: 225143 UNIT & CELL NUMBER: BS 23Z
(PRINT)SIGNATURE: M. Williams WORK ASSIGNMENT: Yotech

DO NOT WRITE BELOW THIS LINE

MAY 09 2022

DISPOSITION:

Ramadan ended with the evening meal May 1, 2022 as stated in LEO E. Brown, Agency Chaplain & Volunteer Services Administrator email dated March 23, 2022.

M.D. Moriarity

6/23/22

STAFF MEMBER

DATE

Date response sent to inmate/offender:

1. Original to _____
2. Copy to inmate/offender

RECEIVED
JUN 27 2022

GRIEVANCE

RECEIVED
JUN 08 2022 O9012D
(R 01/22)

GRIEVANCE

EXHIBIT 5

2022-1001-00186-G

INMATE/OFFENDER GRIEVANCE

RECEIVED

JUN 27 2022

GRIEVANCE

Grievance no. _____

Grievance code: 4Response due: 7/18/2023

DO NOT WRITE ABOVE THIS LINE

Date 6/23/22Facility or Unit DLFName WILLIAMS, MARIO

(Print)

Facility Housing Unit B8 232ODOC Number *225143Date "Request to Staff" response received: 6/23/22

Have you previously submitted a grievance on this same issue? Yes If yes, what date 6/6/22, facility DLF, grievance # 22-1001-00186-G. You must submit this completed original within 15 days of the receipt of the response to the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D). The "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), must have been submitted within (7) days of the incident. Do not include/attach anything to this grievance except the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. *DISCRIMINATION: With all due respect, Warden Brown doesn't determine the knots of Ramadan. 30 days of fasting was completed on 5/2/22, as was much worse to DCF staff in a proposal 30 days before Ramadan. Over 100 Muslims alerted DCF staff that they were provided a Ramadan meal the morning of 5/2/22 by DCF staff, did not eat lunch, did not eat or provided an evening meal with general population, and that Ramadan was completed at sunset, and needed to be provided*
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. *OK*

Spoke to staff on 5/2/22, submitted a RTS (#22-2280) on 5/5/22, submitted a grievance (#22-1001-00186-G) on 6/6/22.

3. The action you believe the reviewing authority may lawfully take. *Investigate any and all staff responsible for serving the Ramadan meal on 5/2/22, for the evening meal, to all Muslims on said date for discrimination, prejudice, retaliation, and possible racism, to exhaust administration remedies.*

Grievance report sent to (warden/facility head/administrator/correctional health services administrator):

Name NorwoodTitle WardenSignature of Grievant M. WilliamsDate Sent to Reviewing Authority 6/23/22

1. Original to file
2. Copy to inmate/offender

EXHIBIT 6

DOC 090124A
(R 01/22)

Grievance Decision from Reviewing Authority

Inmate/Offender Name:	<u>Williams, Mario</u>	ODOC Number	<u>225143</u>
Receipt Date:	<u>06/27/2022</u>	Grievance Category Code:	<u>4</u>
		Grievance Number:	<u>2022-1001-00186-G</u>

- | | | | | |
|-------------------|-----------------------------|-------------|------------------------|----------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Reserved | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion |
| | | | 11. Personal Identity | |

Decision:

Inmate Williams wanted an investigation into why Ramadan did not end on May 02, 2022.

After further investigation of the matter, Michael Moriarity, DCF Assistant Warden of Programs, said that Ramadan ended with the evening meal on May 01, 2022 as stated by Leo E. Brown, Agency Chaplain and Volunteer Services Administrator, in an email date March 23, 2022.

I/M Williams' Relief is Granted in that an investigation was done.

Reviewing Authority - Facility Health Services Admin (medical issues)

Date

X [Signature] Nowood

X 6/28/22

Review Authority - Facility/Unit Head

Date

I have received the copy of the response of the reviewing authority.

Signature of Grievant

Date

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA.

1. Original to file
2. Copy to inmate/offender

DOC 090124B (R 01/22)

EXHIBIT 7

18

22-2508

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF

RECEIVED

MAY 18 2022

TO: Kitchen Supervisor - Frank
(NAME AND TITLE OF STAFF MEMBER)FACILITY/UNIT: DLF

BY:

DATE: 5/16/22

I have ☐ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: _____ facility: _____ grievance #: _____
I affirm that I do ☐ do not ☒ have a grievance pending on this issue.
I affirm that I do ☐ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court: _____
This request ☐ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

Khalil: I spoke to Mr. Gonzalez today about receiving a designated preparation & serving area in compliance with DOC Policy 01-070202 Attachment 1-4. He said you were in charge to provide this on behalf of Core Living.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Why hasn't the Khalil received a designated preparation & serving area in compliance with Policy 01-070202 Attachment 1-4, and the kitchen has?

Copy of this RTS? (Circle) YES/NO

NAME: Williams, Mario
(PRINT)ODOC #: 225143UNIT & CELL NUMBER: BS 232SIGNATURE: M. WilliamsWORK ASSIGNMENT: Votek

DO NOT WRITE BELOW THIS LINE

MAY 24 2022

DISPOSITION:

The Khalil menu is a veg menu and with a sub for the meat item and from the Diet Line

STAFF MEMBER

DATE

Date response sent to inmate/offender: _____

MAY 31 2022

1. Original to file
2. Copy to inmate/offender

RECEIVED

JUN 03 2022 01/22

GRIEVANCE

EXHIBIT 8

2022-1000-00164-G

INMATE/OFFENDER GRIEVANCE

RECEIVED

JUN 03 2022

GRIEVANCE

Grievance no. _____

Grievance code: 4Response due: 6/20/2022

DO NOT WRITE ABOVE THIS LINE

Date 6/1/22Facility or Unit DCFName WILLIAMS, MARIO
(Print)Facility Housing Unit BS 232ODOC Number #225143Date "Request to Staff" response received: 6/1/22

Have you previously submitted a grievance on this same issue? YES If yes, what date 5/16/22, facility DCF, grievance # 22-2508. You must submit this completed original within 15 days of the receipt of the response to the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D). The "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), must have been submitted within (7) days of the incident. Do not include/attach anything to this grievance except the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

- The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. Halal: The Halal menu is not a substitute for meat, it's a select Vln itself. Per OP-070202, it's not connected to any vegetarian line other than kosher - only if it's maintain in a secure and separate designated area specifically for Halal/Kosher.
- Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. Spoke to the Kitchen Supervisor on 5/16/22, and submitted RIB #22-2508 (attach) to K/s "Frank" the same day.
- The action you believe the reviewing authority may lawfully take. Provide the Halal select a secure and separate designated preparation and serving area in the kitchen, just as provided for the kosher, in compliance with OP-070202 Attachment A, pp. 1-4.

Grievance report sent to (warden/facility head/administrator/correctional health services administrator):

Name

Signature of Grievant

Title

Date Sent to Reviewing Authority

- Original to file
- Copy to inmate/offender

EXHIBIT 9

DOC 090124A
(R 01/22)

AS-232

Grievance Decision from Reviewing Authority

Inmate/Offender
 Name: Williams, Mario ODOC Number: 225143
 Receipt Date: 06/03/2022 Grievance Category Code: 4 Grievance Number: 2022-1001-00164-G

- | | | | | |
|-------------------|-----------------------------|-------------|------------------------|----------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Reserved | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion |
| | | | 11. Personal Identity | |

Decision:

Inmate Williams requested that the kitchen provide the Halal Diet a secure and separate designated preparation and serving area in the kitchen.

After further investigation of the matter, Mike Moriarity, Assistant Warden, Programs, confirmed that Davis Correctional Facility is following Policy OP-070202, Attachment A, Page 1 of 4; Protocol for Kosher/Halal Menu Preparation and Serving in that a separate area is provided for Kosher/Halal meal preparation and that the utensils are maintained in a secure and separate area.

I/M Williams' Relief is Granted.

 Reviewing Authority – Facility Health Services Admin (medical issues)

 Date

[Signature]
 Review Authority – Facility/Unit Head

X 7/15/22
 Date

I have received the copy of the response of the reviewing authority.

 Signature of Grievant

 Date

 Signature of Staff Witness and Printed Name of Witness

 Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA.

1. Original to file
2. Copy to inmate/offender

EXHIBIT 10

DOC 090124B (R 01/22)

I/m Copy